



## DRUG COURT REFERRAL FORM INSTRUCTIONS

**Please process the Drug Court Form as follows:**

1. Complete and sign the Drug Court Referral Form;
2. Attach copies of all pending criminal complaints and probable cause affidavits to the Drug Court Referral Form;
3. Forward entire packet to:

**Drug Court Administrator**

4101 Juarez

Laredo, TX 78040

Phone: 956-523-4963

Fax: 956-791-6325

## AUTOMATIC DISQUALIFYING FACTORS

A. An Offender currently on probation OR having a prior conviction within the past 10 years for any of the following offenses is ineligible:

- |                                |  |
|--------------------------------|--|
| ▪ Murder                       | ▪ Robbery (F1)                           |
| ▪ Aggravated Assault           | ▪ Voluntary Manslaughter                 |
| ▪ Rape                         | ▪ Assault by Prisoner                    |
| ▪ Sexual Assault               | ▪ Kidnapping                             |
| ▪ Theft by Extortion           | ▪ Statutory Sexual Assault               |
| ▪ Burglary (F1)                | ▪ Incest                                 |
| ▪ Gang Affiliation             | ▪ Indecent Exposure                      |
| ▪ Arson (and related offenses) | ▪ Involuntary Deviate Sexual Intercourse |

B. **NO** individuals charged with Illegally Possessing a Firearm will be accepted.

C. **NO** individuals will be accepted if the amount of drugs possessed or delivered (per transaction) exceeds the amounts consistent with personal use.

D. **NO** individuals with an extensive criminal history will be accepted.

